

# Long Term Care Covid-19 Commission

Meeting with the Medical Officer of Health  
on Friday, October 9, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom, with all participants attending  
remotely, on the 9th day of October, 2020,  
9:00 a.m. to 10:00 a.m.

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BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner  
Angela Coke, Commissioner  
Dr. Jack Kitts, Commissioner

PRESENTERS:

Rosana Salvaterra, Medical Officer of Health for  
Peterborough Public Health

1 Patti Fitzgerald, Manager, Infectious Disease  
2 Program at Peterborough Public Health

3

4 PARTICIPANTS:

5

6 Alison Drummond, Assistant Deputy Minister,  
7 Long-Term Care Commission Secretariat

8 Dawn Polik Mahoney,

9 John Callaghan, Long-Term Care Commission  
10 Secretariat

11 Dawn Palin Rokosh, Director, Operations, Long-Term  
12 Care Commission Secretariat

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14 ALSO PRESENT:

15 Janet Belma, Stenographer/Transcriptionist

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I N D E X

\*\*The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose\*\*

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 13, 22, 25, 26, 45

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages:  
None

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: None

1 -- Upon commencing at 9:00 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 So do you know -- did you meet Commissioner Angela

4 Coke --

5 COMMISSIONER ANGELA COKE: Good

6 morning.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 -- and Commissioner Jack Kitts?

9 ROSANA SALVATERRA: Hello.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 So the three of us are the Commission.

12 ROSANA SALVATERRA: Okay.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 And are you -- are you waiting for anybody else?

15 ROSANA SALVATERRA: No.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Okay.

18 ROSANA SALVATERRA: We -- it's just the

19 two of us. Patti Fitzgerald is our --

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Hello. Hello, Ms. Fitzgerald.

22 ROSANA SALVATERRA: She's our manager

23 of infectious diseases, and she's actually become

24 our COVID manager given that COVID is now a program

25 for us, and she has the depth of experience with

1 our long-term care partners because Patti actually  
2 helps them mend their outbreaks. So I thought it  
3 would be really helpful to have both a high-level,  
4 that's me, as well as the on-the-ground, you know,  
5 the eyes and the -- and the ears of Peterborough  
6 Public Health, so Patti's going to provide that  
7 perspective.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Okay. Well, so let me tell you, sort of, just give  
10 you some idea of where we are in our -- the way  
11 we're approaching it. You know, typically, when  
12 there's a commission created, it is looking back at  
13 something that happened, and it's trying to explain  
14 what happened to the public.

15 And it does that usually by  
16 investigating, holding hearings, and writing a  
17 report, and that process can take two years by the  
18 time you assemble all the documents, figure out  
19 what you want to have hearings about and then write  
20 your report.

21 It doesn't work so well. That process,  
22 the traditional process doesn't work so well for us  
23 because we've been created, if you like, in the  
24 middle of something. It isn't -- it isn't over  
25 yet.

1                   ROSANA SALVATERRA: M-hm.

2                   COMMISSIONER FRANK MARROCCO (CHAIR):

3   And so we feel that, really, there's not much of a  
4   playbook. Maybe the SARS inquiry is close, but  
5   there's not much of a playbook for us, so what we  
6   thought we would do is focus early on  
7   recommendations that we might forward to the  
8   Minister, and then we'll have the luxury of,  
9   perhaps, taking a more extended look at what  
10  happened in Wave 1.

11                   So that's where -- that's where we're  
12  coming from, and naturally, we'd be interested in  
13  any suggestions about what we might do -- or what  
14  the government might do better or the Minister  
15  might do better going forward so that we can at  
16  least lend -- at least lend our support to  
17  something like that if it commends itself to us, so  
18  that's in a long-winded way of where --

19                   ROSANA SALVATERRA: Sorry. Sorry.  
20  You're breaking up. I'm afraid the audio was  
21  breaking up a bit. I don't know if it was just me.  
22  I can turn my camera off if that helps.

23                   COMMISSIONER FRANK MARROCCO (CHAIR):

24  No. I think -- can you hear me now?

25                   ROSANA SALVATERRA: Yes.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2   Yes.  So I had -- I don't know where I broke up,  
3   but I was just saying that our focus right now is  
4   to try to find some intelligent things to say to  
5   the Minister in short order, and then we will have  
6   the luxury of looking back at Wave 1 if in any way  
7   we choose to but not with the pressure of Wave 2 or  
8   Wave 3.  We'll at least have reported --

9                   ROSANA SALVATERRA:  M-hm.

10                  COMMISSIONER FRANK MARROCCO (CHAIR):  
11   -- in terms of recommendations.  So that's what  
12   we're -- that's kind of the position we're in as we  
13   sit here.

14                  ROSANA SALVATERRA:  M-hm.

15                  COMMISSIONER FRANK MARROCCO (CHAIR):  
16   And we'd be -- any assistance you can give us would  
17   be very much appreciated.

18                  ROSANA SALVATERRA:  Sure.  Sure.  Well,  
19   we are -- we were very happy to be invited to speak  
20   with you this morning.  And we do have -- we went  
21   through the questions, and we appreciated the  
22   opportunity with Alison just to make sure we were  
23   oriented and understood and had those questions  
24   ahead of time.  So Patti and I have prepared some  
25   comments --



1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Sure.

3 ROSANA SALVATERRA: -- based on those  
4 questions that we were provided. And at the end,  
5 we would like to send our written submission, and  
6 we have -- we have the -- Janet's email, so we'll  
7 do that.

8 And my apologies. With the busyness of  
9 COVID, we would have preferred to have sent this to  
10 you earlier, but it's been a work in progress for  
11 us, and we wanted to make --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Oh, that's fine.

14 ROSANA SALVATERRA: -- sure that we had  
15 a chance to reflect because it is a challenge in  
16 the midst of all this busyness to reflect on the  
17 past and ensure that we are providing you with our  
18 sound recommendations from our perspective which  
19 was very much -- which was limited because -- and  
20 just so to begin, let -- I want you to understand  
21 what is the Peterborough lens or perspective that  
22 we bring to this.

23 Peterborough Public Health and  
24 Peterborough Public Health Unit serves a population  
25 of just under 140,000 people in a relatively small,

1 cohesively part of the province. Our geographic  
2 boundaries follow the boundaries of the County of  
3 Peterborough, and within it are also the -- we  
4 serve the communities of the City of Peterborough  
5 and two First Nations. And the geographic, the  
6 square kilometers is just under 4,000 square  
7 kilometers, so a relatively small, cohesive  
8 community.

9 In our community, we have eight  
10 long-term care homes, and for a total --

11 And, Patti, I did the math. You  
12 provided me with the numbers -- 1,111 beds in those  
13 eight long-term care homes. We also have 11  
14 registered retirement homes and with almost the  
15 same number of beds.

16 So our long-term care population is  
17 pretty much evenly divided between the long-term  
18 care homes and the retirement homes, and then in  
19 addition to that, we have four congregate settings  
20 where -- and some are apartments buildings. Some  
21 are unlicensed retirement homes where -- but they  
22 are, you know, homes for older adults with a little  
23 more independence but definitely in some -- in some  
24 ways more risk as well because they don't have that  
25 infrastructure that's present in the long-term care

1 home facilities.

2           And just over about 23% of our total  
3 population is 65 years of age or over, so we have a  
4 substantial proportion of our population that is  
5 older.

6           Typically, people -- we have a large  
7 seasonal population. They have lake homes. The  
8 first retirement is often to the lake home. The  
9 second retirement is into a retirement home or a  
10 long-term care home here in Peterborough.

11           And so I think I know that we are not  
12 the first Public Health agency that you have been  
13 in touch with, and so by now, I think you would  
14 have a good understanding of our role as local  
15 boards of health.

16           We have an independent autonomous board  
17 of health here in Peterborough, unlike Durham or  
18 unlike Ottawa, I know you had conversations with  
19 the MOHs there last week. I'm not sure this week  
20 if you've had any conversations with autonomous  
21 boards of health.

22           Our board consists of elected  
23 representatives from our First Nations, our County  
24 and our City as well as Provincial appointees, and  
25 we operate under the legislative authority of the

1 Health Protection Promotion Act. The mandate is  
2 prescribed in Section 5 of the Act, and that is  
3 supplemented with the Ontario Public Health  
4 standards. And within those standards and  
5 primarily within the infectious disease and  
6 prevention of communicable disease standard are the  
7 protocols. And we -- and Patti, especially, use  
8 these as tools, and the Institutional Facility  
9 Outbreak Management protocol is what governs the  
10 work we do with our long-term care partners.

11 I'm just -- I'm going to pause just for  
12 a moment just to see whether you have any questions  
13 about the role of Public Health in -- with  
14 long-term care sector partners.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 We probably do.

17 Dr. Kitts? You're on.

18 COMMISSIONER JACK KITTS: Yes, I'm just  
19 going to ask a question about leadership. You  
20 referred to the legislative. So when coronavirus  
21 comes into your community --

22 ROSANA SALVATERRA: M-hm.

23 COMMISSIONER JACK KITTS: -- and you  
24 recognize that this is a danger to everybody, are  
25 you the leader? Are you the one that takes charge

1 and brings everybody together to be held  
2 accountable and have the authority to act? Is  
3 that -- is that how it works?

4 ROSANA SALVATERRA: I certainly believe  
5 that with diseases of Public Health significance,  
6 yes, the local medical officer of health is  
7 responsible for leading the community efforts to  
8 ensure that health protection measures are in place  
9 and that the public and partners have the  
10 information they need to make the decisions they  
11 need to make.

12 COMMISSIONER JACK KITTS: So you would  
13 be accountable for ensuring that long-term care  
14 homes had the right -- appropriate equipment and  
15 things to deal with the pandemic or certainly try  
16 to help them to get it?

17 ROSANA SALVATERRA: Well, we do have  
18 requirements under the Institutional Facility  
19 Outbreak Management Protocol that speak about  
20 assisting long-term care partners.

21 So, for example, we will assist them  
22 with outbreak management. We will -- we will  
23 inform them. We will work with as appropriate.  
24 That's the kind of language that we have within our  
25 protocol, so we don't have the primary

1 responsibility. We are there more to provide  
2 guidance and support.

3 Patti, would you like to add anything  
4 from your perspective?

5 PATTI FITZGERALD: No. I think you've  
6 touched on our role. It is really to provide the  
7 guidelines and to -- the consultation to be able to  
8 manage the outbreak in a collaborative way.

9 COMMISSIONER JACK KITTS: And that  
10 would include other health care providers in your  
11 vicinity as well?

12 PATTI FITZGERALD: Yes.

13 COMMISSIONER JACK KITTS: Okay. Thank  
14 you.

15 U/T ROSANA SALVATERRA: So are there any  
16 other questions? And I wonder, have you seen --  
17 have you seen this protocol, the Institutional  
18 Facility Outbreak Management? Because we can link  
19 it in -- to it in our submission so that you can --

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 That would be helpful. Why don't we do this:  
22 We'll ask -- if you don't mind, we'll just ask  
23 questions as we go along, and so if we interrupt,  
24 that -- hopefully, that will be okay, and that way,  
25 you won't have to be concerned with whether we're

1 following or whether we want to ask questions.  
2 We'll just ask them, and is that all right?

3 ROSANA SALVATERRA: That's okay. I was  
4 going to give an overview of our experience in  
5 Wave 1, but if you would prefer to do it with  
6 questions --

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 No. No. No. What I meant was that if you say  
9 something and it prompts a question, then we'll  
10 just ask it.

11 ROSANA SALVATERRA: Okay.

12 COMMISSIONER FRANK MARROCCO (CHAIR):  
13 So please -- don't let me take you out of the -- of  
14 the order of what you were planning to do.

15 ROSANA SALVATERRA: Okay. So I'd like  
16 to talk about our -- before I speak about our  
17 Wave 1 experience, I'd like to describe so you have  
18 a sense of what were our resources. We are a small  
19 Public Health agency. We have about 125 full-time  
20 staff serving a population of about 140,000.

21 On the team that was part of the Wave 1  
22 response, you -- we had -- we were the medical  
23 officer of health, myself; Patti Fitzgerald, the  
24 manager. We had two full-time health promoters  
25 working dedicated to the long-term care home

1 community. And these health promoters facilitated  
2 a community of practice that we established and  
3 strengthened.

4 I mean, we've always worked  
5 collaboratively with the long-term care sector, but  
6 we strengthened it and really created a community  
7 of practice early on in the pandemic, and these two  
8 health promoters staffed that community of practice  
9 and were the -- they were really the lead contacts  
10 for us outside of outbreak management.

11 We also had a .4, so not quite half  
12 time, but .4 of a Public Health inspector who did  
13 the onsite IPAC assessments, and we used the IPAC  
14 checklist that was provided by Public Health  
15 Ontario. And so our inspector was able to provide  
16 that support to our long-term care partners.

17 And we had a .4. So, again, not quite  
18 half -- a .4 of a full-time nurse, Public Health  
19 nurse who was engaged with case and contact  
20 management and outbreak management and control with  
21 our long-term care partners. And behind the scenes  
22 supporting that team, we relied very heavily on the  
23 support of Public Health Ontario.

24 So you probably know that Public Health  
25 Ontario has regional IPAC teams, and they also have



1 a centralized -- an online support to provide us  
2 with consultation and inquiry response, education  
3 and training supports, online modules, and best  
4 practice guidance; so these -- we could not have  
5 done our work without the support of Public Health  
6 Ontario.

7 And we are a good-news story in that we  
8 had, within that first wave, we had 17 long-term  
9 care cases, and I believe we had eight --

10 Patti, eight outbreaks?

11 We had eight long-term care outbreaks.

12 PATTI FITZGERALD: Yes. Sorry. It's  
13 actually we had seven total outbreaks but only  
14 three were in long-term care homes. The others  
15 were retirement and the congregate care, one of the  
16 congregate care settings.

17 ROSANA SALVATERRA: Thank you. I  
18 counted the rows incorrectly, so seven total; three  
19 were in long-term care homes. The others were in  
20 retirement homes and congregate settings. But the  
21 majority of our outbreaks had only one case. And  
22 we had, I think -- and we had one possible -- or  
23 possible death related to our long-term care  
24 settings. And I -- and I'm calling it possible.  
25 It did -- the coroner did include it, and we count

1 it. So on record, we have one death.

2 However, in reviewing the information  
3 with that facility, we certainly felt that there  
4 was some question as to whether COVID -- how much  
5 of a contributing factor COVID was for that death.

6 So we -- so we, in fact, experienced  
7 quite a positive Wave 1 in that we had a minimal  
8 number of outbreaks and, certainly, very -- no  
9 hospitalizations and only one death.

10 COMMISSIONER JACK KITTS: Can I just  
11 ask a question on that? So you had three outbreaks  
12 in three different homes. Was it one case in  
13 each -- in each case, in each home?

14 ROSANA SALVATERRA: Patti.

15 PATTI FITZGERALD: Yeah, so one of the  
16 homes had 14 cases, and the other two just had 1.

17 COMMISSIONER JACK KITTS: Okay.

18 PATTI FITZGERALD: And in those, one  
19 was a staff, and the other one was a resident.

20 COMMISSIONER JACK KITTS: Is there  
21 any -- okay. So one staff, one resident, and so  
22 any secrets to share with us as to how you  
23 contained those outbreaks from getting to the  
24 extent that some are vis-à-vis -- I don't know --  
25 physical structure, space to isolate, anything you

1 can help us with that showed good practices kept  
2 the outbreak from spreading?

3 ROSANA SALVATERRA: Well, we can --  
4 maybe, I'll start, Patti, by saying that when we  
5 did our first risk assessment in April -- so April  
6 14, we carried out our risk assessment and actually  
7 found that many if -- not all, but many of our  
8 facilities were low risk, and we had a few that  
9 were yellow or moderate.

10 But we had only one facility that we  
11 characterized as a high-risk facility. It did  
12 have -- it was -- had C-beds in it.

13 But, maybe, Patti, can you please  
14 elaborate on what we found when we did our risk  
15 assessment?

16 PATTI FITZGERALD: Yes, and actually,  
17 the home you're referring to, Rosana, that was the  
18 one red long-term care home was the one with the  
19 one resident case. They did just an incredible  
20 job. We worked very, very closely with that home  
21 in particular because previous -- our previous  
22 experience with outbreaks with them in the past,  
23 like respiratory outbreaks, those tended to go on a  
24 long time. And the staff that worked with that  
25 facility, we knew that history, and so there was

1 even more support provided, and the home did an  
2 incredible job.

3 ROSANA SALVATERRA: And by May 20th  
4 when we did our second risk assessment, all of  
5 our -- all of our long-term care homes were low  
6 risk, so they were all able to make improvements  
7 and meet the criteria for low risk.

8 COMMISSIONER JACK KITTS: So  
9 Public Health working directly with the long-term  
10 care homes mitigated the spread and prevented  
11 further.

12 Did you involve any other partners like  
13 hospitals or anything in helping?

14 PATTI FITZGERALD: Yes. I was going to  
15 come back to one of Dr. Salvaterra's comments about  
16 the IPAC support because early on, our local  
17 hospital actually dispatched their IPAC team. They  
18 called facilities directly and asked to come in and  
19 provide some -- an IPAC audit and additional IPAC  
20 support. And then our Public Health inspectors did  
21 a few of them as well, as well as our retirement  
22 homes, but in that particular situation, I know  
23 that the hospital did get in there very quickly as  
24 well. So that, I'm sure, was a factor.

25 COMMISSIONER JACK KITTS: Thank you.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Can I just ask, when did you start -- first start  
3 to think that the long-term care homes might be at  
4 risk from COVID? Can you figure --

5                   ROSANA SALVATERRA: Oh, that was right  
6 from the start. I mean, when we -- we held our  
7 first community meeting with community partners --  
8 so -- in January.

9                   PATTI FITZGERALD: M-hm.

10                  ROSANA SALVATERRA: And we held weekly  
11 teleconferences and brought as a way to ensure that  
12 everyone was -- had the information that they  
13 needed, were able to review their pandemic plans,  
14 their continuity contingency plans.

15                  So that work began in January, and we  
16 anticipated that the sector would be vulnerable  
17 given what we were seeing from internationally and  
18 the fact that people over the age of 70 were  
19 experiencing higher-case fatality rates, greater  
20 levels of morbidity. We identified that this  
21 sector, both the institutionalised but also the  
22 community independent older adults were going to be  
23 more vulnerable, and we flagged that for our  
24 community.

25                  COMMISSIONER FRANK MARROCCO (CHAIR):

1 So in January, when you -- it occurs to you that  
2 you might have a problem down the road, what was  
3 the first thing -- like, how did you go about  
4 dealing with it? Like, can you give me a sense of  
5 what the first steps were to --

6 ROSANA SALVATERRA: Patti, can you  
7 recall?

8 PATTI FITZGERALD: Yes, I do. I have  
9 it written down here. Actually, the first thing we  
10 did was collected all the information for all the  
11 different homes not just -- I mean, we already had  
12 information for our long-term care and retirement  
13 homes, but the other community partners that Dr.  
14 Salvaterra is referring to, other community  
15 agencies that support seniors as well.

16 But then we brought that whole sector  
17 together for the first time in a teleconference on  
18 March the 23rd, and then following two days later  
19 on March 25th was the first meeting of a community  
20 of practice specific to the settings that we're  
21 talking about today, and those continued on a  
22 weekly basis for ten weeks, and they were  
23 facilitated by our two liaison staff that  
24 Dr. Salvaterra referred to earlier, and we also had  
25 Public Health inspector and a nurse from the

1 infectious disease program would attend as well and  
2 answer questions but also talk about challenges,  
3 concerns, and reviewing directives, Ministry  
4 documents, so that was a really important part of  
5 our success.

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 And when was the first case approximately?

8 ROSANA SALVATERRA: It was at St.  
9 Joseph (phonetic). Was that March? March --

10 PATTI FITZGERALD: March 21st, yeah.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Right.

13 U/T PATTI FITZGERALD: That's what I'm  
14 saying, yeah, but I think they actually -- I can  
15 confirm that because I think they were having  
16 another respiratory outbreak at the same time.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Yeah.

19 PATTI FITZGERALD: But it was -- I  
20 mean, these meetings were planned about a week  
21 before our first case, though.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 M-hm.

24 PATTI FITZGERALD: So, yeah.

25 COMMISSIONER JACK KITTS: It sounds

1 like your community of practice had a pretty  
2 important role. Can you tell me what that is and  
3 whether -- because we've heard it in other  
4 presentations, and some flip between a community of  
5 practice and an Ontario Health team.

6 Can you tell me what your community  
7 practice is and whether it's related to an Ontario  
8 Health team?

9 PATTI FITZGERALD: Oh, it's not  
10 related. It's our local community of practice that  
11 was just attended by our Public Health staff, and  
12 then all of either administrators or DOCs from all  
13 our local long-term care homes, retirement homes,  
14 and the congregate settings, and then our own  
15 staff.

16 COMMISSIONER JACK KITTS: Okay.

17 ROSANA SALVATERRA: Yes. So this is  
18 work that we facilitate with the long-term care  
19 sector. In addition to that community of practice,  
20 we did -- for example, I had weekly meetings with  
21 our C5 cluster. So Ontario Health, it has a  
22 cluster of five hospitals in -- so Peterborough  
23 Regional Health Centre is the lead. There are four  
24 feeder hospitals spread over two Public Health  
25 units, Peterborough Public Health and Haliburton,



1 Kawartha, Pine Ridge.

2 And so Peterborough Regional Health  
3 Centre facilitated a weekly teleconference with the  
4 leads of long-term care, the medical leads, so the  
5 physicians; the Central East LHIN which was home  
6 care; and then the two medical officers of health.

7 And so we also met, but that was at a  
8 very high level, and there, you know, we dealt with  
9 things like admissions, barriers to admissions,  
10 PPE, you know, the macro-level kinds of things;  
11 whereas Patti and her team were on the ground  
12 dealing with the day-to-day -- like, the  
13 interpretations of the directives.

14 And because -- and I'm sure you've  
15 heard of this in other consultations, there was  
16 very little or no lead time from the actual release  
17 of a provincial directive, and -- and the  
18 expectation that it would be implemented. And we  
19 were often trying to interpret with our partners  
20 what it meant. And so that community of practice  
21 was where those conversations were occurring.

22 Correct, Patti?

23 PATTI FITZGERALD: Absolutely. And I  
24 also want to mention, and it is in the information  
25 we're sharing, is I participated in a twice weekly

1 half-hour teleconference with Central East partners  
2 where it was facilitated by the Ontario Health, and  
3 then it also had hospital representation and  
4 Public Health Unit representation at the manager  
5 level or director level which was very helpful.

6 COMMISSIONER JACK KITTS: Thank you.

7 ROSANA SALVATERRA: I was just going to  
8 say that, as part of their work, our staff  
9 created -- our staff held a bit of an evaluation of  
10 the community of practice and the long-term sector  
11 experience with COVID-19. And they have -- they  
12 did prepare a lessons-learned report that was  
13 provided to our long-term care partners in August.

14 And in September, we had an abridged  
15 version of that report. We shared that with our --  
16 with administrators of local congregate care  
17 settings as well so that they could benefit from  
18 those lessons learned.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 Can we get a copy of that?

21 ROSANA SALVATERRA: Patti?

22 U/T PATTI FITZGERALD: So the original  
23 lessons-learned one wasn't a public document. It  
24 was shared with just the stakeholders that  
25 participated. But -- and because there are -- you

1 know, facilities are named in there, but I could --  
2 I'd be happy to share the abridged version with all  
3 the learnings.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Well, the abridged version would certainly be a  
6 good start, so --

7 U/T PATTI FITZGERALD: Okay.

8 COMMISSIONER FRANK MARROCCO (CHAIR):  
9 So thank you for that.

10 ROSANA SALVATERRA: So if we were to --  
11 if Patti and I were to characterize our  
12 observations of the work with our facilities during  
13 that first wave, we found that there was a rapid  
14 response from our facilities that they demonstrated  
15 timely compliance with provincial directives and  
16 instruction from local -- the local Public Health  
17 agency. They were extremely collaborative, and I  
18 think that contributed to the success, the local  
19 success and that we experienced here in  
20 Peterborough with -- really, with minimizing the  
21 impact of COVID in these homes.

22 PATTI FITZGERALD: I just want to  
23 comment too. I think a big piece of that is our --  
24 we had a -- historically, we've had a very, very  
25 strong working relationship locally with the

1 long-term care homes, retirement homes, and the  
2 congregate settings; so there was already that  
3 relationship and trust, so it was -- it was an easy  
4 transition.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 So it would seem, then, that in terms of long-term  
7 preparedness, establishing these relationships in  
8 peace time is -- is extremely -- you know, an  
9 extremely important step.

10 PATTI FITZGERALD: Oh, definitely.

11 ROSANA SALVATERRA: Definitely. Those  
12 relationships work very well for you in -- in  
13 non-peace times, and I think as an -- as an example  
14 of that, we actually volunteered to go in and do  
15 surveillance. So when the province was considering  
16 whether or not there should be testing, widespread  
17 testing in these facilities to identify  
18 asymptomatic infected staff and residents, we  
19 actually volunteered to go in and do that  
20 surveillance to see what we could find, so we were  
21 able to -- because, again, of our strong  
22 relationships. I think we made the decision on a  
23 Thursday --

24 PATTI FITZGERALD: M-hm.

25 ROSANA SALVATERRA -- and we were in on

1 Saturday.

2 PATTI FITZGERALD: Yes.

3 ROSANA SALVATERRA: We were into our  
4 long-term care settings with our paramedics, and we  
5 went in and did -- we did all of our long-term care  
6 homes and our retirement homes. We did a one-pass  
7 through and did all the staff and all the  
8 residents.

9 And actually, we -- the results were  
10 very encouraging.

11 Maybe, Patti, you can share what we  
12 found when we did that surveillance.

13 PATTI FITZGERALD: Yeah, one -- one  
14 staff in a retirement home, asymptomatic, who we  
15 believe was a previous positive, yeah.

16 ROSANA SALVATERRA: So -- and that  
17 certainly gave us confidence that we weren't --  
18 there wasn't transmission occurring, that the  
19 Public Health measures and the IPAC measures were  
20 working, and so -- and we all -- and so it  
21 wasn't -- it was not our experience when this was  
22 then mandated by the Province. It was not our  
23 experience that there was much value for us in  
24 doing this kind of routine surveillance of staff  
25 that continues now.

1                   COMMISSIONER JACK KITTS: Just a  
2 question. So if, you know, it's widely reported,  
3 and we've heard many times here that, you know,  
4 insufficient staffing, lack of ability to comply  
5 with IPAC measures, insufficient PPE supplies and  
6 training, and inadequate testing capacity, those  
7 are -- those are four things that have been brought  
8 to our attention.

9                   Can you just comment on where you were  
10 in terms of each of those four contributing  
11 factors?

12                  ROSANA SALVATERRA: Patti, I'm going to  
13 turn to you.

14                  PATTI FITZGERALD: Yeah. So the PPE  
15 piece, we didn't -- we don't have the ability to  
16 directly supply, but we certainly supported and  
17 helped them problem solve through their PPE needs  
18 until it was -- there was an established way for  
19 long-term care homes and retirement homes to  
20 acquire what was needed.

21                  As far as testing capacity, within the  
22 homes, another thing we did do is we helped to  
23 facilitate some training for a couple retirement  
24 homes that didn't have staff that had been trained  
25 to do nasopharyngeal swabs, so we helped to

1 facilitate that to just create additional capacity  
2 within those homes.

3 Staffing, we did hear that there were  
4 staffing challenges at times, but not that it  
5 was -- never that it was a dire -- they were in  
6 dire straits.

7 We do have a couple homes locally that  
8 have sister homes. They're owned by the same  
9 corporations, and they had -- they got together and  
10 did some problem solving around that.

11 And I'm sorry, I forget what the first  
12 one was.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 PPE, testing, capacity --

15 PATTI FITZGERALD: Yeah, PPE and  
16 testing.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 -- staffing.

19 COMMISSIONER JACK KITTS: IPAC  
20 compliance.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 IPAC.

23 PATTI FITZGERALD: So the IPAC was --  
24 that's where between the hospital and ourselves and  
25 then our inspectors that support the homes already,

1 we just provided information, training videos,  
2 mostly from Public Health Ontario. But those were  
3 some of the needs that were identified at our  
4 community of practice, and then we were able to  
5 problem solve with them, provide resources. But  
6 once --

7 ROSANA SALVATERRA: Sorry. Go ahead.

8 PATTI FITZGERALD: Well, I was just  
9 going to say, one really positive experience we had  
10 with a local long-term care home is they have a  
11 designated IPAC contact.

12 Now, I don't know her formal education  
13 or training in relation to IPAC, but she is their  
14 IPAC point person, and even with regular types of  
15 outbreaks, they are just -- they are the gold  
16 standard, and I really think that's what this  
17 sector needs is to have -- you know, I know there's  
18 some spoke-and-wheel design.

19 ROSANA SALVATERRA: Hub-and-spoke.

20 PATTI FITZGERALD: Hub-and-spoke -- I'm  
21 thinking about riding a bike. And I don't know --

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 I'm just -- I'm just a sort of simple person. I  
24 need somebody to explain it beyond the -- beyond  
25 the metaphor.



1                   PATTI FITZGERALD: Please don't put  
2 that in the notes, okay? Anyway, but I know that  
3 there are some of those things that are being put  
4 in place right now which is great for outreach, by  
5 I really think the investment needs to be made in  
6 house so that training is ongoing because --

7                   ROSANA SALVATERRA: Yeah. Ongoing and  
8 onsite, right?

9                   PATTI FITZGERALD: -- you know --  
10 absolutely. Yes.

11                  ROSANA SALVATERRA: And if I can just  
12 build on what Patti is saying because we have two  
13 recommendations for you, and that is one of our  
14 recommendations is that the facilities would  
15 benefit from an embedded or dedicated infection,  
16 prevention, and control specialist who could  
17 oversee their use of personal protective equipment,  
18 the training of staff, ensuring compliance within  
19 the home, and also act as the point person for  
20 outbreak management.

21                  And our second recommendation is linked  
22 in that we certainly -- our experience was that  
23 Public Health Ontario should be supported in its  
24 current role as scientific and technical support  
25 and so that they can continue to provide

1 setting-specific recommendations because the  
2 difference between long-term care and hospital --  
3 and not to -- not to disparage our hospital  
4 partners because I -- we benefitted from our  
5 hospitals' input as well, but these settings are  
6 people's homes. They're not -- they're not just an  
7 institution. They're also people's homes, and the  
8 context is so important.

9           And so our advice would be -- and we  
10 really found that Public Health Ontario was able to  
11 address the context. They understood the context  
12 and were able to provide us with resources that  
13 were setting specific.

14           We would like to see those regional  
15 IPAC teams at Public Health Ontario be resourced so  
16 that they can provide onsite support. So if we  
17 can't have the dedicated embedded IPAC professional  
18 in the home, maybe the home's too small, then have  
19 it at the regional level within the Public Health  
20 Ontario IPAC team. They have to be able to send  
21 somebody there. It's not enough to provide a  
22 directive. They need somebody who can understand  
23 the operations and meet staff and the residents and  
24 work with them to implement it.

25           We don't have those resources. We

1 certainly understand. I think Patti has a good  
2 sense of when they're needed, and -- but that's --  
3 they need that support right on the front lines.

4 Would you agree, Patti?

5 PATTI FITZGERALD: Yes, absolutely.

6 COMMISSIONER JACK KITTS: Could that  
7 support, though, come from the hub-and-spoke where  
8 the professional-trained infectious diseases  
9 specialist who's in the larger hospitals reach out  
10 and so every so often, they meet; they get  
11 refreshed; there's a -- one line right to them, and  
12 you suddenly have someone in there who is not a  
13 fully trained infectious diseases specialist but is  
14 linked to one and can get more support if they need  
15 but is actually probably, you know, on site. I  
16 agree with our notion of onsite as opposed to from  
17 afar. Would that work?

18 ROSANA SALVATERRA: My understanding is  
19 that not all of the hub-and-spokes are hospital  
20 led. My understanding is that in the North, it's  
21 Public Health is engaged with the hub.

22 COMMISSIONER JACK KITTS: Yes.

23 ROSANA SALVATERRA: And I'm thinking  
24 whoever it is needs to be ensured that the IPAC  
25 expertise understands the long-term care setting.

1                   COMMISSIONER JACK KITTS: Yes.

2                   ROSANA SALVATERRA: And whether it's  
3 Public Health or it's the hospital, the actual  
4 support needs to have expertise in the context.

5                   COMMISSIONER JACK KITTS: Yeah. Yes.  
6 I agree that's the spoke.

7                   ROSANA SALVATERRA: Yeah.

8                   COMMISSIONER JACK KITTS: Yeah.

9                   ROSANA SALVATERRA: I mean, going back,  
10 looking back at our experience, besides the low  
11 incidence of cases, we also had a low number of  
12 complaints from families, and the complaints were  
13 very much about the restrictions in visiting. And  
14 so -- and again, you know, understanding the  
15 context when imposing infection prevention control  
16 measures is really important.

17                   We had a low number of complaints from  
18 staff of long-term care homes, and those focused on  
19 the use of PPE, and -- and generally, the -- I  
20 think this is not just specific to Peterborough but  
21 the concerns of staff about what was the  
22 appropriate PPE and were N95 masks needed given  
23 their risk. And I know that that conversation has  
24 broader implications, but we certainly heard here  
25 that was reflected locally.

1                   And then in addition, besides dealing  
2 with COVID, we were in there supporting them with  
3 their -- you know, their food premise. They  
4 operate -- they're feeding people; and so their --  
5 their other infection prevention control issues,  
6 their water, I mean, those that are not on  
7 municipal water and municipal water and sanitation  
8 have their own small drinking-water systems, and we  
9 support them with those as well, so the setting is  
10 unique, and understanding that setting and  
11 supporting it, I think, is paramount.

12                   COMMISSIONER FRANK MARROCCO (CHAIR):  
13 Did you -- we've heard a lot about absenteeism at  
14 critical moments because -- from the staff, you  
15 didn't -- don't seem to have experienced that quite  
16 as severely or as others.

17                   Do you have a sense of why or how the  
18 staff were dealt with so that that kind of problem  
19 didn't present itself in your unit?

20                   ROSANA SALVATERRA: Well, we didn't  
21 have many cases in staff, and so there wasn't a  
22 need for staff to be at home and on self-isolation.  
23 And I think that reflects the baseline incidence  
24 rate of Peterborough during the first wave. We had  
25 a very low incidence rate for COVID-19, and if you

1 map us out, and you'll see that we were just on the  
2 Eastern border of the GTA.

3 In fact, because we are an hour and a  
4 half from Toronto, we don't have a lot of  
5 commuting, or we would have less commuting of our  
6 staff from the GTA to Peterborough and from  
7 Peterborough to the GTA. We've seen this in other  
8 outbreaks; so, for example, in the seasonal  
9 influenza, we have had years where you can see  
10 outbreaks of influenza all along the 401, but  
11 because we are 45 minutes from the 401, we didn't  
12 get an outbreak that year. There are years where  
13 we do not see the same level of seasonal influenza  
14 transmission as some of our partners or our  
15 neighbours who are following that 401 corridor.

16 So potentially, we had the benefit of  
17 distance from high-transmission areas and fewer  
18 staff who were moving back and forth. But as far  
19 as staff absenteeism in general, I don't know.

20 Patti, do you have anything to add to  
21 that?

22 PATTI FITZGERALD: No. That was never  
23 brought up as a concern in the community of  
24 practice, you know, because I am aware, too, that  
25 in other communities, some people just didn't want

1 to come to work out of fear, and -- for example,  
2 and that wasn't something that I heard locally.

3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 And why do you -- why do you think you didn't hear  
5 it locally?

6 PATTI FITZGERALD: I don't know that I  
7 can answer that.

8 COMMISSIONER FRANK MARROCCO (CHAIR):  
9 Okay. Okay.

10 COMMISSIONER JACK KITTS: Can I take a  
11 stab at it? It's --

12 PATTI FITZGERALD: Sure.

13 COMMISSIONER JACK KITTS: So you  
14 talked -- you talked about leadership, and you as a  
15 Public Health officer provided the leadership for  
16 this as ascribed.

17 You also talked about excellent working  
18 relationships with the leaders in the long-term  
19 care homes. So my thoughts are that, given the  
20 scenario you had, you also had good leadership in  
21 your -- each of your long-term care homes. Is that  
22 a stretch? Or is that --

23 PATTI FITZGERALD: Well, yeah, I would  
24 have to -- I would have to agree, yeah. They  
25 really step -- I mean, a few that -- I think I

1 referred to one earlier that we were a little  
2 concerned about going into COVID, and they did just  
3 such an excellent job.

4 COMMISSIONER JACK KITTS: Thanks.

5 COMMISSIONER ANGELA COKE: I just  
6 wanted to ask, pre-COVID, did your folks have very  
7 good and robust, sort of, plans in place, you know,  
8 just in terms of being ready? Nobody was prepared  
9 for this, but at least they had good robust  
10 outbreak plans in advance?

11 ROSANA SALVATERRA: Yes.

12 PATTI FITZGERALD: Yes.

13 ROSANA SALVATERRA: Go ahead, Patti.

14 PATTI FITZGERALD: Well, just -- yes,  
15 so from our experience with the local long-term  
16 care homes and retirement homes is with outbreak  
17 management for the most part have been very  
18 positive except, again, for that one particular  
19 facility was one we were quite concerned about, and  
20 even though we would work with them, it never  
21 seemed to change, and so those outbreaks tended to  
22 go on longer than others.

23 But we saw -- have seen a real change  
24 in them, and then -- and just most recently, they  
25 experienced another unknown respiratory outbreak,



1 and again, it was over very timely, and they did an  
2 excellent job. That's very reassuring.

3 ROSANA SALVATERRA: Following the --  
4 or, certainly, as part of our work with the H1N1  
5 pandemic and then in the years following, we had a  
6 very active interagency pandemic response  
7 partnership. And so we have, over the years,  
8 worked with all of our partners to ensure that  
9 everyone had a pandemic plan that they were -- they  
10 had a business continuity plan.

11 We've had -- we have held tabletop  
12 exercises with partners to ensure that they are  
13 aware of some of the issues that arise in a  
14 pandemic and had fought their way through it.

15 So I think that has -- that work, that  
16 investment over the past decade since H1N1, I think  
17 did help ensure that the sector as a whole was  
18 prepared as much as they could be given that this  
19 is a coronavirus and not an influenza virus.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 The -- it sounds like the previous experience with  
22 infectious diseases, if that's the correct term,  
23 sort of cemented the planning or the notion of  
24 planning and the notion of a response. And then of  
25 course, there's parts of this that couldn't be

1 anticipated because we've never really seen  
2 anything quite like this before.

3 ROSANA SALVATERRA: Yes, and so, for  
4 example, we do annual influenza planning with our  
5 long-term care sector. We have -- we hold  
6 inservices for them. We monitor, and we reward  
7 high rates of staff immunization. So each year,  
8 we -- in fact, we're going to our Board of Health  
9 next week with our report of last year's staff  
10 influenza rates for all of our facilities including  
11 our long-term care homes. We publish those, and  
12 have, in the past, celebrated those with those  
13 facilities that have been able to achieve high  
14 rates of staff immunization.

15 So it's a -- I think the work, the  
16 ongoing work we do with influenza and respiratory  
17 outbreaks and enteric outbreaks in general did  
18 provide a strong foundation for our work in COVID.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 Okay. Is there any mechanism that exists now for  
21 you as a local officer to communicate with other  
22 local officers and say, look, this is what we're  
23 doing here; it seems to be working well? Does  
24 any -- or alternatively, does anybody know how to  
25 deal with this? Has anybody dealt with this type

1 of problem? Any -- is there any way of  
2 communicating like that?

3 ROSANA SALVATERRA: Patti, do the  
4 managers have opportunities to do that?

5 PATTI FITZGERALD: Yes, like, the  
6 managers that -- other ID managers from other  
7 health units, absolutely. We -- especially within  
8 the Central East group, we often -- not just  
9 related to this sector but lots of other issues  
10 were able to have those discussions as needed, but  
11 they haven't been focused on long-term care.

12 ROSANA SALVATERRA: There has been  
13 conversation within the council of medical officers  
14 of health, so that's COMO. And you spoke with Dr.  
15 Vera Etches in Ottawa. I know Vera has been  
16 actively pursuing the idea of setting up, sort of,  
17 issue-related working groups within COMO so that  
18 there -- I personally right now, I chair the work  
19 around schools, so school settings, that's the  
20 work, and we have a COMO group. We meet weekly.  
21 We also meet with our directors of education  
22 provincially on a regular basis, every two weeks.  
23 I do that work on schools. I know Vera has asked  
24 that we have a group, a similar group for long-term  
25 care because in the larger Public Health agencies

1 what often happens is that there may be an  
2 associate medical officer of health who focuses in  
3 on that sector.

4 And so within COMO, within the counsel  
5 of medical officers of health, there are colleagues  
6 of mine where -- whose interests or specialty  
7 really resides in this sector.

8 So there has been talk of it. I don't  
9 know if it's actually working or active right now,  
10 but it has been acknowledged as something we might  
11 get some -- that there would be benefit in doing  
12 that within the council.

13 COMMISSIONER JACK KITTS: Are you --  
14 you're talking about the 34 local Public Health  
15 officers getting together as a COMO, and --

16 ROSANA SALVATERRA: Yes, so we have a  
17 council of medical officers of health called COMO  
18 for short, and it includes all of the medical  
19 officers of health and the associates --

20 COMMISSIONER JACK KITTS: Okay.

21 ROSANA SALVATERRA: -- who are employed  
22 by boards of health, local boards of health.

23 COMMISSIONER JACK KITTS: Okay.

24 ROSANA SALVATERRA: And we are a part  
25 of the Provincial Association of Local Boards of

1 Health call ALPHA.

2 COMMISSIONER JACK KITTS: Right.

3 ROSANA SALVATERRA: So ALPHA and COMO  
4 are, sort of, the two major sectors in that ALPHA  
5 represents boards of health, and COMO represents  
6 the medical officers of health.

7 COMMISSIONER JACK KITTS: And does the  
8 Chief Medical Officer of Health for the Province,  
9 is he currently part of that COMO?

10 ROSANA SALVATERRA: He speaks with us,  
11 so he will attend our meetings and come -- and  
12 provide us updates, but we have our own executives  
13 which is made up of regional representation, and  
14 our current COMO chair is Dr. Paul Roumeliotis who  
15 is the medical officer of health in Eastern  
16 Ontario, and that COMO executive changes each year,  
17 elected, and works in close -- is closely connected  
18 with the Chief Medical Officer of Health and at  
19 times have had regular meetings.

20 I don't know what's happened during  
21 COVID, but, certainly, there is a close  
22 relationship and connection between COMO and the  
23 Office of the Chief Medical Officer of Health.

24 COMMISSIONER JACK KITTS: Thank you.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. So was there something further? Did --  
2 well, I don't think we have any further questions.  
3 This was very, very helpful. We're trying to  
4 understand places in Ontario where things worked  
5 out well in addition to focusing on where things  
6 did not work out so well just to give us a kind of  
7 a sense of how people successfully dealt with  
8 Wave 1 and whether there are lessons learned for --  
9 for going forward, and this has been very helpful  
10 to us. And with your permission, we may come back  
11 as our thinking gets a little more focused on  
12 different aspects of the mandate we have.

13 U/T ROSANA SALVATERRA: Well, you would be  
14 more than welcome to come back. We will very  
15 quickly wrap up our written submission and  
16 include -- will include that link to our summary of  
17 our lessons learned with long-term care, and we'll  
18 also include the link to the protocol and get that  
19 to Janet today.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 All right. That's great. That will be really  
22 helpful. So thank you very much.

23 ROSANA SALVATERRA: You're very  
24 welcome.

25 PATTI FITZGERALD: Thank you.

1                   ROSANA SALVATERRA:  You're doing  
2  important work, so thank you very much --

3                   COMMISSIONER FRANK MARROCCO (CHAIR):  
4  Thank you.

5                   ROSANA SALVATERRA:  -- for being  
6  engaged on such an important issue for us.

7                   COMMISSIONER FRANK MARROCCO (CHAIR):  
8  Well, nice to meet you both.

9                   ROSANA SALVATERRA:  Likewise.

10                  COMMISSIONER FRANK MARROCCO (CHAIR):  
11  We'll see you again.  Bye-bye.

12                  ROSANA SALVATERRA:  Okay.

13                  COMMISSIONER ANGELA COKE:  Thank you.

14                  PATTI FITZGERALD:  Take care.  Bye-bye.

15                  -- Adjourned at 10:00 a.m.

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1 REPORTER'S CERTIFICATE

2  
3 I, JANET BELMA, CSR, Certified  
4 Shorthand Reporter, certify:

5  
6 That the foregoing proceedings were  
7 taken before me at the time and place therein set  
8 forth;

9  
10 That all remarks made at the time  
11 were recorded stenographically by me and were  
12 thereafter transcribed;

13  
14 That the foregoing is a true and  
15 correct transcript of my shorthand notes so taken.

16  
17  
18 Dated this 13th day of October, 2020.

19  
20 *Janet Belma*

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